**Patient Participation Group – Fairfield Surgery**

**Minutes PPG Committee Friday 18th September 2020**

**Via Zoom at 2.30pm**

1. Attendees

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| Jane Bryant, (**JB)** | Betty McBride **(BM)** | Claudette Neville (**CN**) |
| Frank Smith **(FS)** | Julie Watson (**JW**) | Jill Westwood (**JWest)** |

Apologies – Dorothy Palmer, Anna Gilson

1. Lorraine Lea has retired from the committee and Chairmanship – **FS** volunteered to take on the Chairmanship. **CN** proposed him and he was elected unanimously. He asked that a Vice Chairman is appointed. **CN** will advertise for more committee members
2. Minutes of last meeting – 17th March 2020, approved.
3. Matters arising:

* Patient Survey – the original proposal to survey patients regarding their annual check-ups is no longer relevant. Instead it was proposed to hold a survey in 2021 regarding telephone consultations which have become regular practice during the pandemic.
* Virtual PPG group – numbers reducing so **CN** will advertise for more members.
* Dementia Choir – research has suggested that this would not necessarily be viable. However, with Covid -19 it is now impossible.
* Community Hub – the Parish Council is giving the surgery access to the Parish Room for the Flu vaccination clinics.

1. PPG Plan 2020/2021 – amendments suggested due to the pandemic. See draft attached
2. Practice update

* Screen installed across the Reception desk so a patient can now wait in the vestibule as there is more floor space. **JW** to carry out a Risk Assessment for patient queuing in the space available.
* Primary Care Network – some funding is available for the following posts though this is in the early stages of recruitment and development  
  Community Connector (Patient Advocate) who will provide support for patients for social issues, one afternoon/week  
  Clinical Pharmacist starting 5th October for 3 months, 1.5 days/week. Can see patients with complex medication regimes.  
  Physiotherapist to be advised
* Telephone triage some patients do not like being asked what their call is about – this is to enable the Receptionist to identify the most appropriate Health professional (GP or nurse) to take the call and also to prioritise the most urgent need.  
  Telephone calls have increased with the expectation of a quick response as patients sometimes think the GPs have more time available. This is not so as calls can be long and they are also having face to face consultations.
* New telephone system is to be installed in 6 weeks’ time. This will include a queueing system, the ability to monitor data eg times of most usage, recording of calls (non-clinical) which will help to address problems.

1. Patients queueing in bad weather – suggestions for a shelter. To be discussed at partners’ meeting. Parish council prepared to provide a grant if requested. Pros and cons discussed.
2. Flu vaccinations – vaccines are ordered 12 months in advance so have not been ordered for newly eleigible patients from 50 years old. Extra vaccines will not be available until mid-November.   
   Vaccinations will be administered to patients by priority as follows:

* Care Homes
* Housebound
* Shielding patients and their households
* Those at risk  
    
  The first clinic will be on the 8th October in the Parish Room. Patients will be notified by text or letter and then they ring in to make an appointment.  
  Patients who have regular dressings or INR blood tests will have vaccinations during their appointments.  
  PPG members offered their help in clinics. **JW** will notify them. **CN** suggested cordoning off a section of the car park for the clinics. **JW** may ask Rother Council (Car park owners)

1. The Parish council has asked about continuing support for lonely residents following support provided during lockdown – general discussion agreed that phone calls to lonely residents could be an option. **JW** suggested contacting Help the Aged who are active in this area. There is also the Silverline. Agreement that if carried forward it should be a Parish Council initiative, though GPs may suggest patients whom this could help.
2. Patient transport parking costs at hospitals has been raised. **FS** said he thought there may have been vouchers provided in the past. He will check with Pat Lewis. All agreed that patients are usually happy to pay parking costs as the transport provided by FoBS drivers is free. **JW** advised that patients can contact PALS if they have financial problems over hospital transport.
3. AOB

* Delivery of prescriptions – **CN** has taken this on but has had minimal requests. She confirmed to **JW** that the surgery can give her phone number or email to patients who need prescriptions collecting.
* FoBS driving service continues to be suspended though a few patients are having transport on a regular basis.
* **JB** asked about ear syringing. **JW** reported that this has been suspended during Covid-19 because of aerosol risk of infection. Once the pandemic is over a nurse will carry out training before the service is resumed.

1. Provisional date of next meeting – 17th November 2020, details to be arranged nearer the time

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Grant £550

Expenditure – Diabetes leaflets £118  
 Delivery £120  
 Donation to Diabetes UK £ 70  
 School leaflets £ 46.50  
 School leaflets and posters £ 35  
 Total £ 389.50

Remaining Grant £160.50